

Inventor(s): Dritschilo et al.

Appl. No.: 09

382,794

Series Code ↑

Serial No. ↑

Filed: August 25, 1999

Hon. Commissioner of Patents  
Washington, D.C. 20231

Sir:

**REPLY/AMENDMENT/LETTER**

Group Art Unit 1617

Examiner: E. Webman

Atty. Dkt. P 0275946

M#

Client Ref.

Appl. Title: Delivery System for Therapy Comprising  
Hollow Seeds Preferably Metal, and Use  
Thereof

Date: December 18, 2001

TECH CENTER 1600/2900

DEC 18 2001

RECEIVED

This is a reply/amendment/letter in the above-identified application and includes the herewith attachment of same date and subject which is incorporated hereinto by reference and the signature below is treated as the signature to the attachment in absence of a signature thereto.

**FEE REQUIREMENTS FOR CLAIMS AS AMENDED**

1. Small Entity claim A. <input type="checkbox"/> NOT made B. <input type="checkbox"/> Withdrawn C. <input type="checkbox"/> made herewith D. <input checked="" type="checkbox"/> made previously		For B & C See <b>Required</b> <b>Separate</b> Paper (Pat-256)		Claims remaining after amendment	Highest number previously paid for	Present Extra	Large/Small Entity	Additional Fee	Fee Code Lg/Sm
2. Total Effective Claims				26	**minus 28	0	x \$18/\$9 =	+ \$0	103/203
3. Independent Claims					***minus 3	0	x \$84/\$42 =	+ \$0	102/202
4. If amendment enters proper multiple dependent claim(s) into this application for first time (leave blank if this is a reissue application) .....				add			+ \$280/\$140 =	+ \$0	104/204
5. Original due Date: January 4, 2002				<input type="checkbox"/> NONE					
6. Petition is hereby made to extend the original due date to cover the date this response is filed for which the requisite fee is attached				(1 mo)	\$110/\$55 =				115/215
				(2 mos)	\$400/\$200 =		+ \$0		116/216
				(3 mos)	\$920/\$460 =				117/217
				(Usable only for ≤ 2mo.OA --- 4 mos)	\$1,440/\$720=				118/218
				(Usable only for 30 day/1mo.OA --- 5 mos)	\$1,960/\$980=				128/228
7. Enter any previous extension fee paid since above original due date and subtract						- \$0			
8.				Extension Fee Attached			+ \$0		
9. If Terminal Disclaimer attached, add Rule 20(d) official fee .....						+ \$110/\$55	+ \$0		148/248
10. If IDS attached requires Official Fee under Rule 97 (c), .....				add		+ \$180	+ \$0		126
or if Rule 97(d) Request .....				add		+ \$180			126
11. After-Final Request Fee per rules 129(a) and 17(r) .....						+ \$740/370	+ \$0		146/246
12. No. of additional inventions for examination per Rule 129(b).....						x \$740/370 ea	+ \$0		149/249
13. Request for Continued Examination (RCE) .....						+ \$740/370	+ \$0		1179/1279
14. Petition fee for .....							+ \$0		
15.				TOTAL FEE ENCLOSED =			\$0		

16. \*If the entry in this space is less than entry in next space, the "Present Extra" result is "0".

17. \*\*If the "Highest number previously paid for" in this space is less than 20, write "20" in this space.

18. \*\*\*If the "Highest number previously paid for" in this space is less than 3, write "3" in this space.

Our Deposit Account No. 03-3975)

(Our Order No. 082137 0275946

C#

M#

**CHARGE STATEMENT:** The Commissioner is hereby authorized to charge any fee specifically authorized hereafter, or any missing or insufficient fee(s) filed, or asserted to be filed, or which should have been filed herewith or concerning any paper filed hereafter, and which may be required under Rules 16-18 (missing or insufficiencies only) now or hereafter relative to this application and the resulting Official Document under Rule 20, or credit any overpayment, to our Accounting/Order Nos. shown above, for which purpose a duplicate copy of this sheet is attached.

This **CHARGE STATEMENT** does not authorize charge of the issue fee until/unless an issue fee transmittal sheet is filed.

Query: Is appeal deadline now? If so, file Notice of Appeals separately.

Pillsbury Winthrop LLP  
Intellectual Property Group

By Atty: Robin L. Teskin

Reg. No. 35,030

1600 Tysons Boulevard

McLean, VA 22102

Tel: (703) 905-2000

Sig:

Fax: (703) 905-2500

Tel: (703) 905-2200

Atty/Sec: RLT/LAK

**NOTE: File this cover sheet in duplicate with PTO receipt (PAT-103A) and attachments**